**Facilitator’s Guide**

**Session: Medication Management and Geriatric Primary Care**

**Aim:** The overall goals of this session are:

A. For Internal Medicine Residents to develop skills necessary to rigorously examine patient medication lists for inappropriate medications and de-prescribe as necessary and

B. To apply evidence based practice to a variety of common ambulatory conditions in older adults.

**Learning Objectives:**

1. Utilize the geriatric review of systems in a health maintenance examination.
2. Appraise evidence for primary prevention in older adults in a variety of conditions and apply this to learners’ own practice.
3. Analyze a patient’s medication list and based on patient health factors, identify appropriate and inappropriate medications.
4. Implement strategies to reduce inappropriate medications used by older adults on learners’ patient panel.

**Facilitator Preparation Prior to Session:**

In preparing for this session, facilitators should review the below agenda to decide which components they would like to include. The three major portions include primary care literature review, geriatric ROS and medication management. This session is intended to utilize inter professional learning teams. Consider incorporating primary care clinicians, pharmacists, pharmacy residents and pharmacy students to the session.

*For the primary care literature review portion:*

The facilitator should divide residents into 5 groups, ideally with representation from each training level. Each group will be assigned one of the following primary care topics; cancer screening, diabetes care, HTN, HLD, and ASA use for primary prevention.

Send residents a copy of the reference list for the topics, ideally one week prior to the session for them to review. Tell them they will have time for small group discussions and then should be prepared to discuss themes from their discussion in a large group.

If desired, copies of important tables or figures from the topic references can be brought to the session to be given to residents during discussion.

*For the geriatric ROS portion:*

No specific preparation needed from residents. Facilitator should have a list of the topics included in the geriatric ROS available if they need it.

*For the medication management portion:*

Ask that residents bring in medication lists from their primary care panel for discussion during the session. They can be asked to select any patient over the age of 65 or patients with a particular condition if you desire (ex. Insomnia, depression, Afib, etc).

You can choose to have a formal didactic in medication management, guided either by the facilitator or another participant. Alternatively, discussion can focus on patient specific lists brought in by residents.
Resident Preparation Prior to Session:

Each resident will be assigned to a group prior to the session and each group will be assigned to one of the following primary care topics; cancer screening, diabetes care, HTN, HLD, and ASA use for primary prevention.

All residents will be provided with the references below for their topic and will be asked to review them prior to the session. PGY 2 and PGY 3 residents will be asked to be prepared to talk through the articles with the PGY 1 residents within small groups and then teach the major points of the articles to the larger group of residents.

PGY 1 residents were asked to identify 1-2 patients on their longitudinal outpatient panel who are on multiple medications, with a focus on insomnia, mental health and chronic pain.

Session Agenda:

8:00 Pre-Test

Attached with facilitator’s guide are the pre and post test questions utilized in this session and a validated geriatrics attitude scale (Reuban et al).

8:15 Evidence Review

The facilitator should start the session by breaking the larger group into the small assigned groups by primary care topic. Ask residents to discuss the literature results and the evidence they gathered for their assigned primary care topic. Each small group then teaches the remainder of the group what their evidence review revealed in a large group discussion.

9:15 Break

9:30 Geriatric ROS Discussion

Small and large group discussion regarding the topics of the geriatric review of systems. In this part of the session, residents first break into small groups and create a comprehensive list of the elements included in the geriatric ROS. Then as a large group, the facilitator guides the group through the comprehensive list and provides opportunity for discussion.

10:00 Medication Management

Formal didactic regarding medication management and medication de-escalation strategies.

11:00 Break

11:10 Panel Management/Deprescribing

Resident break into assigned groups will break up and review the medication lists brought by the PGY1 residents. Small group discussions regarding inappropriate medications. In this part of the session, participation from pharmacy is especially helpful, as they can rotate through the groups and help guide residents through inappropriate medications.

11:50 Post Session Evaluation

Attached are a commitment to change document and a confidence scale for knowledge and skills. These were administered in addition to the post test and attitudes scale (same as those administered prior to the session).
Session Tips:

Evidence Review:

See bottom of document for condition specific references, given to residents prior to session.

Break residents into groups by the assigned topics. Allow for 20 minutes of small group discussion and remind residents that they will be asked to lead the discussion about evidence within their topic in the large group discussion. It may be helpful to ask groups to select a group leader for this task.

After the 20 minutes of small group discussion, allow each group 5-7 minutes to describe the evidence they discussed in small groups. Help guide this discussion and provide useful anecdotes if needed.

Geriatric ROS:

Ask residents to enter back into their small groups and create a list of the topics included in a geriatric ROS.

After 5-10 minutes, lead a large group discussion. Use a whiteboard or chalkboard to scribe topics and ask residents to list the topics their group discussed.

The following is a comprehensive list of topics included in the geriatric ROS to use as a reference.

Cognition

Mobility

   Falls

   Assist Device Use

Function

   IADLs

   ADLs

Affective Symptoms

   Depression

   Anxiety

   Hallucinations

Nutrition

   Access to food

   Weight Gain/Loss

Urinary Symptoms

   Incontinence

   Urgency, Hesitancy, Incomplete emptying
Constipation
Sensory Impairments
   Vision
   Hearing
Oropharyngeal Symptoms
   Dysphagia
   Odynophagia
   Need for dentures
Sleep
Orthostatic Symptoms
Psychosocial
   Social Support
   Elder Abuse/Neglect

**Medication Management Didactic:**

To be developed or given by an expert in medication management. If facilitator will be developing the session, some helpful resources to include for residents include:

JAMA Internal Medicine: Less is More

STOPP/START Criteria

BEERs criteria

Choosing Wisely
http://improvepolypharmacy.yale.edu
deprescribing.org

**Panel Management/Deprescribing**

Have residents break up into small groups. In groups, discuss medication lists provided by PGY1 residents with particular attention to inappropriate medications. Have residents discuss how they might approach deprescribing in their patients.
**General References:**

Boyd C et al. Clinical Practice Guidelines and Quality of Care for Older Patients with Multiple Comorbid Diseases. JAMA 2005; 294 (6): 716-724

Care of Aging Patient Series in JAMA (2012-2016)


**Condition Specific References:**

**Cancer Screening:**


Walter LC, Schonberg MA. Screening Mammography in Older Women, A Review. JAMA 2014; 311 (13): 1336-1347

Elit L. Role of Cervical Cancer Screening and older women. Maturitas 2014; 79: 413-420

**Hypertension:**


Williamson JD, Supiano MA, Applegate WB. Intensive vs Standard Blood Pressure Control and Cardiovascular Disease Outcomes in Adults Aged > 75 Years: A Randomized Clinical Trial. JAMA 2016; 315 (24): 2673-2682
Hyperlipidemia:


Shepherd J, Blauw GJ, Murphy MB et al. Pravastatin in Elderly Individuals at risk of Vascular Disease (PROSPER); A Randomized Control Trial. Lancet. 2002; 360 (9346): 1623-1630


ACC/AHA CV Risk Calculator:
http://my.americanheart.org/professional/StatementGuidlines/PreventionGuidelines/Prevention-Guidelines_UCM_457698_SubHomePage.jsp

ASA Use for Primary Prevention:


Sarbacker GB, Lusk KA, Fieller LA, Van Liew JR. Aspirin Use for the Primary Prevention of Cardiovascular Disease in the Elderly. Consult Pharm 2016; 31 (1): 24-32

DM:


Bordier L, Buyschaert M, Bauduceau, B et al. Predicting Factors of Hypoglycemia in Elderly Type 2 Diabetic Patients: contributions of the GERODIAB Study. Diabetes and Metabolism 2015; 41 (4); 301-303


Optional Additional Reading:
